

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: Agency(ies) Charge No(s):

☐ FEPA☒ EEOC

532-2018-00668

OHIO CIVIL RIGHTS COMMISSION

and EEOC

State or local Agency, if any

Name (indicate Mr., Ms., Mrs.)

Ms. Nicole Murray

Home Phone (Incl. Area Code)

Date of Birth

Street Address

City, State and ZIP Code

Cleveland, Ohio 44106

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

University Hospitals

No. Employees, Members

+500

Phone No. (Include Area Code)

216-844-3185

Street Address

City, State and ZIP Code

11100 Euclid Avenue, Cleveland, Ohio 44106

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

RECEIVED**JAN 04 2018****EEOC CLF**

DISCRIMINATION BASED ON (Check appropriate box(es).)

☐

RACE

☐

COLOR

☐

SEX

☐

RELIGION

☐

NATIONAL ORIGIN

☒

RETALIATION

☐

AGE

☒

DISABILITY

☐

GENETIC INFORMATION

☐

OTHER (Specify)

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

October 2017☒

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

Statement of Harm: I was hired in May 2007 by the Respondent as Patient Transporter. I am disabled. With four (4) years of successful employment, I was terminated in August 2011 after being unable to return to work without restrictions under Respondent's medical leave policy. I applied for a Customer Service Tech Materials Distributions position in October 2017. I was qualified for the position. However, Respondent denied me the position in retaliation and pursuant to its unlawful policy of limiting leave. Subsequently in October 2017, I also applied for a Patient Transporter position, part-time nights. Respondent has not responded to my application. Nor contacted me regarding an interview for a position I previously worked.

Respondent's reason for Adverse Action: Despite my qualifications and previous years experience, Respondent denied me the positions and selected other non-disabled candidates who had not filed charges regarding Respondent's return to work restrictions.

Statement of Discrimination: I believe I have been discriminated against because of retaliation and disability in violation of Title VII of the CRA, as amended, and the Americans with Disabilities Act when after the EEOC issued a finding and negotiated a settlement in my favor in June 2017 for Charge No. 846-2011-61327, I applied for several jobs with the Respondent and have been denied the positions.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.
SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME T
(month, day, year)

EXHIBIT**A**

CLEVELAND - OHIO 44102-1232

Date

Charging Party Signature